## N28577

(Requestor's Name)	-					
(Address)	_					
 (Address)	_					
(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)						
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## **COVER LETTER**

TO:	Amendment Section Division of Corporation
	Division of Corporation

SUBJECT: HIGHLAND VILLAGE ONE ASSOCIATION, INC

(Name of Corporation)

DOCUMENT NUMBER: N 28577

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL A. GALOURY

(Name of Person)

HIGHLAND VILLAGE ONE ASSOCIATION, INC

(Name of Firm/Company)

440 MAC GREGOR RD

(Address)

WINHER SPRINGS FL 32708

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL GALOURY at (407) 834-1882
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



February 2, 2009

PAUL A. GABOURY 440 MACGREGOR RD. WINTER SPRINGS, FL 32708

SUBJECT: HIGHLAND VILLAGE ONE ASSOCIATION, INC. Ref. Number: N28577

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

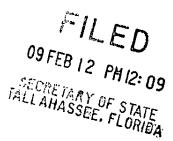
To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 009A00003677

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, _	PAUL A. GALOURY, hereby resign as Thensumen					
<i>-</i>				•	(Title)	
of_	HIGHLA	N) VILLA (Name of Corp	se ONe	A5500	14+10W,	INC,
_	N 2 857		rporation organiz	ed under the l	aws of the State	e of
	FLORIDA	<u> </u>				
			•			
		( ) d	lahuu	()/ 7.	/7/20	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314